SEC Mail FORM D Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

MAY 05 2008

Washington, DC

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| 14344 | 48 | | | | |
|-------------------|-----------|--|--|--|--|
| OMB APPROVAL | | | | | |
| OMB Number: | 3235-0076 | | | | |
| Expires: | | | | | |
| Estimated averag | e burden | | | | |
| hours per respons | se 16.00 | | | | |

| SEC USE ONLY | | | | | |
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| Prefix Serial | | | | | |
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| DATE RECEIVED | | | | | |
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| OMIT | OKM DIMITED OFFERING EXEM | 111011 | <u> </u> |
|---|--|-------------------------------|-----------------------|
| Name of Offering (check if this is an amen | dment and name has changed, and indicate change.) O | fering of Common Sto | ck |
| Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment | Rule 504 Rule 505 Rule 506 Section 4(e) | ULOE ULOE | |
| · · · · · · · · · · · · · · · · · · · | A. BASIC IDENTIFICATION DATA | | |
| 1. Enter the information requested about the is | suer | | 08040704 |
| Name of Issuer (check if this is an amendm RiskSpan, Inc. | ent and name has changed, and indicate change.) | | 08049704 |
| Address of Executive Offices Four Stamford Plaza, 107 Elm Street, Suite 40 | (Number and Street, City, State, Zip Code) 02, Stamford, CT 06902 | Telephone Number 203.355.1510 | (Including Area Code) |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number | (Including Area Code) |
| Brief Description of Business RiskSpan provides analytic platforms and re | lated consulting services for fixed income markets | | PROCESSED |
| | nited partnership, already formed other other | (please specify): | MAY 072008 |
| | Month Year anization: 08 05 Actual Est inter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction) | | OMSON REUTERS |
| GENERAL INSTRUCTIONS | | | |
| Federal | | | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

| , | A. BASIC ID | ENTIFICATION DATA | | |
|---|---|---|--------------------|---|
| 2. Enter the information requested for the | he following: | | | • |
| • Each promoter of the issuer, if t | he issuer has been organized w | vithin the past five years; | | |
| Each beneficial owner having the | e power to vote or dispose, or di | rect the vote or disposition | of, 10% or more o | f a class of equity securities of the issue |
| Each executive officer and direct | ctor of corporate issuers and of | corporate general and ma | naging partners of | partnership issuers; and |
| Each general and managing part | ner of partnership issuers. | | | |
| Check Box(es) that Apply: Promo | ter Beneficial Owner | Executive Officer | | General and/or |
| _ | | _ | _ | Managing Partner |
| Full Name (Last name first, if individual) | · · · · · · · · · · · · · · · · · · · | | | |
| Sturtevant, Joseph | | | | |
| Business or Residence Address (Number | and Street, City, State, Zip Co | ode) | | |
| c/o RiskSpan, Inc., Four Stamford Plaz | za, 107 Elm Street, Suite 402 | , Stamford, CT 06902 | | |
| Check Box(es) that Apply: Promot | ter | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Dagli, Suhrud | | | | |
| Business or Residence Address (Number | and Street, City, State, Zip Co | ode) | | |
| c/o RiskSpan, Inc., Four Stamford Plaz | za, 107 Elm Street, Suite 402 | , Stamford, CT 06902 | | |
| Check Box(es) that Apply: Promot | ter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Cooper, Peter | | | | • |
| Business or Residence Address (Number | and Street, City, State, Zip Co | ode) | | |
| c/o Cooper and Company, 26 Corpora | ite Plaza, Suite 280, Newport | Beach, CA 92660 | | |
| Check Box(es) that Apply: Promot | ter Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Mikkelson, Adam | | | | |
| Business or Residence Address (Number c/o Cooper and Company, 26 Corporate | and Street, City, State, Zip Cote Plaza, Suite 280, Newport | • | | |
| Check Box(es) that Apply: Promot | ter 📝 Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | •• | | |
| Newbreak Investors, LP | | | | |
| Business or Residence Address (Number c/o Cooper and Company, 26 Corporate | and Street, City, State, Zip Cote Plaza, Suite 280, Newport | , | | |
| Check Box(es) that Apply: Promot | ter 📝 Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | *************************************** | | |
| Deforest Tech LLC | | | | |
| Business or Residence Address (Number | and Street, City, State, Zip Co | ode) | | |
| P.O. Box 1020, Pearl River, NY 10965 | | | | |
| Check Box(es) that Apply: Promot | er 📝 Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Kogler, Bernadette | | | | |
| Business or Residence Address (Number 2136 N. Hollister Street, Arlington, VA | and Street, City, State, Zip Co | de) | | |
| /I lee | blank sheet or conv and use | additional conies of this st | heet as necessaril | |

| A. BASIC IDENTIFICATION DATA | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the in | issuct | | | | | | | |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| Lobo, Donald | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| 88 Ashbury Terrace, San Francisco, CA 94117 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | | | | | | | | |
| Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| Tun rame (Last name 1115t, il moividual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| Dustiness of Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| Business of Benidance Address - Olymber and Street City State 7in Code) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| Diviness on Desidence Address Objects and Stand City State 71- Code) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| Charle Boy(es) that Apply: December Depositor | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| Project of Desident Address (Alambara d'Estat Cita Costa 72 Costa) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | |
| | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | |
| | | | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | | | | | | | | |

| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | | | | | В. І | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|--|----------------------------|---|---|---|---|---|---|--|---|-----------------------------|---|----------|----------|
| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | 1 Has th | ie issuer sol | d or does t | he issuer i | ntend to se | ll to non-s | occredited i | investors i | n this offer | ina? | | | No |
| 2. What is the minimum investment that will be accepted from any individual? Yes N Yes N J. Does the offering permit joint ownership of a single unit? Yes N J. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | 1. 1145 11 | 10 133401 301 | a, or accs t | | | | | | | | *************************************** | | (V) |
| 3. Does the offering permit joint ownership of a single unit? | 2. What | is the minin | num investr | | | | - | _ | | | | s N/A | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or that state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III IN IA KS KY LA ME MD MA MI MN MS M MI NE INV NIP INI INM NIP INC IND OH OK OR F. RI SC SD TN IX UT VI VA WA WV WI WY P. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC FL GA HI III IN IA KS KY LA ME MD MA MI MN MS MM MT NE NV NR NR NR NR NR NR NR MR MR NR | | | | | | • | • | | | | | Yes | No |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | _ | • | | - | | | | | | | 7 | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | comm If a pe or stat | ission or sim rson to be lis es, list the n | nilar remune sted is an as ame of the b | ration for s sociated pe roker or d | solicitation erson or age ealer. If m | of purchas ent of a brol ore than fiv | ers in conn ker or deale e (5) person | ection with or registere ns to be list | sales of se d with the S ted are asso | curities in 1 SEC and/or | he offering. with a state | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | (Last name | first, if ind | ividual) | | • | | 91.1 | | | | | |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | r Residence | Address (N | lumber an | d Street, C | ity. State. 7 | Zip Code) | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | ,,, | | | | | | | |
| (Check "All States" or check individual States) | Name of A | ssociated B | roker or De | aler | | | | | | | | | |
| AL AK AZ AR CA CO CT DE DC FL GA HI II IL IN IA KS KY LA ME MD MA MI MN MS M MT NE NV NH NJ NM NY NC ND OH OK OR P RI SC SD TN TX UT VT VA WA WV WI WY P Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | States in W | hich Person | n Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| IL IN IA KS KY LA ME MD MA MI MN MS M MI NE NV NH NJ NM NY NC ND OH OK OR F. RI SC SD TN TX UT VT VA WA WV WI WY P Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | (Chec | k "All State | s" or check | individua | l States) | | ••••• | ••••• | | | | ☐ All | States |
| IL IN IA KS KY LA ME MD MA MI MN MS M MT NE NV NH NJ NM NY NC ND OH OK OR F. RI SC SD TN TX UT VT VA WA WV WI WY P Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | AL | [AK] | [AZ] | AR | CA | င္ပေ | [CT] | DE | [DC] | FL | [GA] | ΉΠ | ID |
| RI SC SD TN TX UT VT VA WA WV WI WY P Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI II II. IN IA KS KY LA ME MD MA MI MN MS M MT NE NV NH NJ NM NY NC ND OH OK OR P RI SC SD TN TX UT VT VA WA WV WI WY P Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | MO |
| Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | | | | PA |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | RI | [SC] | [SD] | [TN] | TX | <u>UT</u>] | VT | VA. | WA. | [WV] | <u>WI</u> | WY | PR |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III IL IN IA KS KY LA ME MD MA MI MN MS MI MT NE NV NH NJ NM NY NC ND OH OK OR PZ RI SC SD TN TX UT VT VA WA WV WI WY PI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | Full Name | (Last name | first, if ind | ividual) | | | | | | | | , | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Business of | r Residence | Address () | Vumber an | d Street, C | City, State, | Zip Code) | | | | <u> </u> | | |
| (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI III IL IN IA KS KY LA ME MD MA MI MN MS MI MT NE NV NH NJ NM NY NC ND OH OK OR P RI SC SD TN TX UT VT VA WA WV WI WY PI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | Name of A | ssociated B | roker or De | aler | | | | | <u></u> | | <u> </u> | | |
| AL AK AZ AR CA CO CT DE DC FL GA HI III IL IN IA KS KY LA ME MD MA MI MN MS MI MT NE NV NH NJ NM NY NC ND OH OK OR P RI SC SD TN TX UT VT VA WA WV WI WY PI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | States in W | hich Persor | Listed Ha | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| IL IN IA KS KY LA ME MD MA MI MN MS MI MT NE NV NH NJ NM NY NC ND OH OK OR PARI SC SD TN TX UT VT VA WA WV WI WY PI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | (Checl | k "All State: | s" or check | individual | l States) | *************************************** | | | | | | ☐ All | States |
| IL IN IA KS KY LA ME MD MA MI MN MS MI MT NE NV NH NJ NM NY NC ND OH OK OR PART SC SD TN TX UT VT VA WA WV WI WY PI Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ĪD |
| RI SC SD TN TX UT VA WA WV WI WY PY Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | LA | | | | | | | MÖ |
| Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | PA |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | <u> </u> | <u> </u> | <u> </u> | | W 1 | |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | ruii Name | (Last name | iirsi, ii ina | ividual) | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | Business of | r Residence | Address (? | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| | Name of A | ssociated B | roker or De | aler | | | | | | | | | |
| | States in W | hich Person | Listed Ha | Solicited | or Intends | to Solicit l | Purchasers | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | ••••• | | ☐ Ali | States |
| AL AK AZ AR CA CO CT DE DC FL GA HI II | Al. | [AK] | [A7] | ĀRĪ | CA | CO | СТ | DE | [DC] | FO | GAI | मा | ID |
| | | | | | | | · | | | | | | MO |
| | · | | | | | | · | | | | | | PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|---------------------|--|
| | | Aggregate | Amount Already |
| | Type of Security | Offering Price | Sold |
| | Debt | <u> </u> | s <u>-o-</u> |
| | Equity | unknown | |
| | | | |
| | Convertible Securities (including warrants) | <u>-0-</u> | <u> </u> |
| | Partnership Interests | | <u> </u> |
| | Other (Specify) | S-0- | so- |
| | Total | | \$ unknown |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$ unknown |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | m | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | , \$ |
| | Legal Fees | | \$ 10,000 |
| | Accounting Fees | _ | |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | \$ |
| | Other Expenses (identify) | _ | \$ |
| | Total | _ | \$ 10,000 |

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|------|---|--|--|-----------------------|
| • | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | • | | \$_unknown |
| 5. | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | | . S |
| | Purchase of real estate | | | |
| | Purchase, rental or leasing and installation of mac and equipment | | ¬ \$ | . 🗆 \$ |
| | Construction or leasing of plant buildings and fac | _ | - | _ |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger) | ets or securities of another | - ¬ : | □ € unknown |
| | Repayment of indebtedness | | | |
| | Working capital | _ | | |
| | Other (specify): | _ | | _ |
| | | _ | | · 📖 * |
| | | | | |
| | Column Totals | |] \$ | s unknown |
| | Total Payments Listed (column totals added) | ✓ \$ <u>u</u> | nknown | |
| | | D. FEDERAL SIGNATURE | | |
| sig | issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci | nish to the U.S. Securities and Exchange Commiss | sion, upon writte | |
| Issu | eer (Print or Type) | Signature C | Date | |
| Ris | kSpan, Inc. | (H) (6) | 05 02 | 2008 |
| Naı | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Fr | anklin Lobo | Vice President | | |

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)